

## OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO	<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3	Lebanon Police	0830300	ODHS USE ONLY - 00 NOT MARK ABOVE		LOCAL FILE NO	
REPORT TAKEN	<input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED	2	CRASH SEVERITY (CHECK MOST SEVERE)	<input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY	COMBINED VEH/PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150	HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED
IN COUNTY OF WARREN	IN <input checked="" type="checkbox"/> CITY	LEBANON		DATE OF CRASH	7/18/15	DAY	SUNDAY
CRASH OCCURRED ON				WITHIN THE INTERSECTION OF			
PARKING LOT OF 1030 HUNTER'S RUN							
IF NOT IN INTERSECTION				(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO)			
MILES FEET W S E OF				CITY CODE			
LOG-1	LOG-2	LOC	JUR	FH'S	FILT		
A	UNIT NO. 1	NO OF OCCUPANTS 1	OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN NON CONTACT <input type="checkbox"/>	INSURANCE CO OR AGENT NONE
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)			
FIELDS, LEIGHA				1030 HUNTER'S RUN DR. APT 23 LEBANON, OH 45036			
PHONE NO		BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO	STATE	DRIVER'S LICENSE NO
(513) 491-4758		10/02/86	28	F	-	OH	ST248680
OWNER (IF SAME AS DRIVER, WRITE SAME)				ADDRESS			
SAME							
VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO	TOWING SERVICE
00	JEOP		RED	SW	OH	6MK5105	NA
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY		DAMAGE SCALE	
				<input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		<input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY	
						VEHICLE DISPOSITION	
						<input type="checkbox"/> DRIVEN AWAY <input checked="" type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED	
						FIRE	
						<input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE	
8	UNIT NO. 2	NO OF OCCUPANTS 0	OPERATING <input type="checkbox"/>	PARKED <input checked="" type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN NON-CONTACT <input type="checkbox"/>	INSURANCE CO. OR AGENT NATION WIDE
DRIVER, PEDESTRIAN NAME (LAST, FIRST, MI)				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)			
PHONE NO.		BIRTHDATE	AGE	SEX	SOCIAL SECURITY NO	STATE	DRIVER'S LICENSE NO
		m   D   y					
OWNER (IF SAME AS DRIVER, WRITE SAME)				ADDRESS			
MARSHALL, LARYL				1030 HUNTER'S RUN DR. APT 22 LEBANON, OH 45036			
PHONE		(513) 282-8468					
VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO	TOWING SERVICE
05	DODGE		SILVER	45	OH	FNN8445	NA
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY		DAMAGE SCALE	
				<input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		<input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY	
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						<input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE	
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